PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number				
Effective December 8, 2004								10/590569					
es	e.Ameet	CLAIMS A	AS FILED - (Column	,			SMALL ENT	rity	OR	OTHER SMALL I			
U.S. NATIONAL STAGE FEES			,]	RATE	FEE] :	RATE	FEE	
BASIC FEE			SMALL ENT. = \$ 150		LAR	GE ENT. = \$ 300	1	BASIC FEE	150	OR	BASIC FEE		
EXAMINATION FEE			(4) = \$50	Satisfies PCT-Article 33(1)- (4) = \$50/\$100		ther-situations = \$ 100 / \$ 200		EXAM. FEE	110	ļ ·	EXAM. FEE		
SEARCH FEE			U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400			ther situations = \$ 250 / \$ 500		SEARCH FEE	200		SEARCH FEE		
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 =		X \$ 125 =			X \$ 250 =		
TOTAL CHARGEABLE CLAIMS			/ 6 mir	nus 20 =				X \$ 25 =		OR	X \$ 50 =		
INDEPENDENT CLAIMS			15"	ninus 3 =	. ,	2		X \$ 100 =	200	OR	X \$ 200 =		
MUL	TIPLE DEPEN	DENT CLAIM PRE	ESENT					+ \$ 180 =	7	OR	+ \$ 360 =		
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL							TOTAL	450	OR	TOTAL			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
MTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F		PRESENT EXTRA		RATE	"ADDI- TIONAL FEE	(an	RATE	ADDI-" TIONAL FEE	
AMENDMENT	Total	*	Minus .	##	•	2		X \$ 25 =		OR	X \$ 50 =		
AME	Independent,	•	Minus	***		=		X \$ 100 =	-	OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA							+ \$ 180 =		OR	+ \$ 360 =		
,								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	·	
(Column 1) (Column 2) (Column 3)													
878		CLAIMS REMAINING · AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE .·	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	•	Minus	**		.		X \$ 25 =		OR	X \$ 50 =		
AMENDMENT B	Independent	•	Minus	***		· ,		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT OF				MIAJC			+ \$ 180 =		OR	+ \$ 360 =	,	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	·	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".													
	d his tillingerien	umber Previously Pak mber Previously Paid					in Ch	e appropriate box	cin column 1.				